

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-18688		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY		TIME: MILITARY			
CRASH OCCURRED ON				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE			
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input checked="" type="checkbox"/>	INSURANCE CO OR AGENT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
UNKNOWN													
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION			
		m y											
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE	
Same													
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		FROM TO			
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO. 2	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON-CONTACT	<input type="checkbox"/>	INSURANCE CO. OR AGENT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
JENKINS, TAYLOR MCKENZIE				8226 WINDING TRL PL. MASON, OH 45040									
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION			
937-217-3303		9 8 96	19	F			OH	VA141589					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE	
MITCHELL, RHIANON				SAME									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		FROM TO			
2008	CHEVY	4S	TAN	004	OH	FWV4985							
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES					
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		A B C D E F					
		ADDRESS		PHONE	SEX								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		A B C D E F					
		ADDRESS		PHONE	SEX								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		A B C D E F					
		ADDRESS		PHONE	SEX								
A	B	C	INJURED TAKEN TO		By	A B C D E F		ALCOHOL					
D	E	F	INJURED TAKEN TO		By	A B C D E F		A		B			
A	B	C	OFFENSE CHARGED AND DESCRIPTION		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		TESTED		TESTED		
A	B	C	OFFENSE CHARGED AND DESCRIPTION		A B C D E F		EJECTION		A		B		
							A B C D E F		TESTED		TESTED		
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A		B			
1006	1408	1410	1438		28			A		B			
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		A		B		C		
10 24 15	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PTL. DRAKE	118				A		B		C		

